

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	SUPLIER
Attorney Docket Number::	2007-1012
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: PETER
Middle Name:: WILHELMUS HENRICUS
Family Name:: RIETJENS
Name Suffix::
City of Residence:: ELL
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing MAGNOLIASTRAAT 21
Address::
City of Mailing Address:: ELL
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: 6011 RH

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: SEFERINUS
Middle Name:: JELLE
Family Name:: ASMA
Name Suffix::
City of Residence:: VELDHOVEN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing VAN VROONHOVENLAAN 1A
Address::
City of Mailing Address:: VELDHOVEN

State or Province of Mailing Address::

Country of Mailing Address:: THE NETHERLANDS

Postal or Zip Code of Mailing Address:: 5503 CM

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NL02/00465	7/12/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::